

FORT BELVOIR ACCIDENT PREVENTION PLAN REVIEW CHECKLIST

Contract No: Transmittal #
Description:
COR: COTR: QA:
Gov Reviewer: Date APP Version:

☐ APP IS ACCEPTABLE

☐ APP IS UNACCEPTABLE

1. Signature Sheet

- | Y | N | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Title, signature, and phone number of the Plan Preparer (usually the corporate safety staff person) |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Title, signature, and phone number of the Plan Approver (usually the owner, company president, regional vice president. Please note that HTRW activities require approval of a Certified Industrial Hygienist (CIH). A Certified Safety Professional (CSP) may approve the plan for operations involving underground storage tanks (UST) removal where contaminants are known to be petroleum based products. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Title, signature, and phone number for Plan Concurrence (usually provide concurrence of other applicable corporate and project personnel e.g. Chief of Ops, Chief of Safety, Corporate IH, Project Manager or superintendent, project safety personnel, project QC) |

2. Background Information

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Contractor Name; Contract Number; Project Name |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Brief Project Description and Description of Work to be performed |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Includes Location of the Project (map) |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Includes Anticipated Phases of Work - these will require an AHA |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Includes the Contractor Accident Experience Modification Rate (EMR) or a copy of completed OSHA 300 form (or State equivalent) for the previous three years. |

3. Statement of Safety and Health Policy

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| <input type="checkbox"/> | <input type="checkbox"/> | a. Includes company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. The contractor's written safety program goals, objectives, and accident experience goals for this contract. |
|--------------------------|--------------------------|---|

4. Responsibilities and Lines of Authorities

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Includes a statement of the employer's ultimate responsibility for the implementation of his SOH program |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Includes the identification and accountability of personnel for safety at both corporate and project level. If the contract specifically requires safety or industrial hygiene personnel to provide oversight, then the APP shall include a copy of their resumes. Qualifications shall include the OSHA 30-hour course (or equivalent course areas listed below):
OSH Act/General Duties Clauses; 29CFR 1904, Recordkeeping; Subpart C: General Safety and Health Provisions, Competent Person; Subpart D: Occupational Health and Environmental Controls; Subpart E: PPE, types and requirements for use; Subpart F: understanding fire protection in the workplace; Subpart K: Electrical; Subpart M: Fall Protection; Rigging, welding, and cutting, scaffolding, excavations, concrete and masonry, demolition; health hazards in construction, materials handling, storage and disposal, hand and power tools, motor vehicles, mechanized equipment, marine operations, steel erection, stairways and ladders, confined spaces or any others that are applicable to the work being performed |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Includes names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements. The Installation Safety Office will review the qualifications for acceptance. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Includes requirements that no work shall be performed unless a designated competent person is present on the job site. |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Includes requirements for pre-task safety and health analysis |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Includes Lines of Authority |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Includes policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violations of safety requirements. Describe the company's safety incentive program (if any) |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Includes written company procedures for holding managers and supervisors accountable for safety |

5. Subcontractors and Suppliers – If applicable, provide procedures for coordinating SOH activities with other employers on the job site

- Y ☐ N ☐
- ☐ ☐ a. Includes the identification of subcontractors and suppliers (if known)
- ☐ ☐ b. Includes the safety and responsibilities of subcontractors and supplies. State: “If Sub does not have an APP, then the sub shall follow the Prime’s APP.”

6. Training

- ☐ ☐ a. Includes list of subjects to be discussed with employees at safety indoctrination/orientation/new hire training
- ☐ ☐ b. Includes the list of mandatory training and certifications applicable to this project (e.g., explosive actuated tools, confined space entry, crane operator, vehicle operator, HAZWOPER training and certification, PPE)
- ☐ ☐ c. Includes procedures for periodic safety and health training for supervisory and employee safety training (meetings).
- ☐ ☐ d. Includes the identity requirements for emergency response training. **See paragraph 11.b below for a list of requirements that may require emergency response training.**

7. Safety and Health Inspections

- ☐ ☐ a. Includes specific assignments of responsibilities for a minimum daily job site safety and health inspection during periods of work activity: who will conduct (e.g., SSHO, PM, safety professional, QC, etc) – depends on level of technical proficiency needed to perform said inspection, proof of inspectors training/qualifications,
- ☐ ☐ b. Indicates when inspections will be conducted (minimum every 2 weeks)
- ☐ ☐ c. Includes procedures for documentation
- ☐ ☐ d. Indicated deficiency tracking system and follow-up procedures
- ☐ ☐ e. Includes any external inspections/certifications which may be required (e.g., USCG)

8. Accident Reporting - The contractor shall identify person(s) responsible to provide the following:

- ☐ ☐ a. The plan identifies who shall complete the Exposure data (man-hours worked), how, and when, and who it's submitted to
- ☐ ☐ b. Accident investigations, reports, and logs: Report all accidents as soon as possible but not more than 24 hours afterwards to the Contracting Officer/Representative (CO/COR). The contractor shall thoroughly investigate the accident and submit the findings of the investigation along with appropriate corrective actions to the CO/COR in the prescribed format as soon as possible but no later than five (5) working days following the accident. Implement corrective actions as soon as reasonably possible;
- ☐ ☐ c. The following require immediate accident notification: (1) A fatal injury; (2) A permanent total disability; (3) A permanent partial disability; (4) The hospitalization of three or more people resulting from a single occurrence; (5) Property damage of \$200,000 or more.

9. Medical Support

- ☐ ☐ a. On-site medical support is completely addressed
- ☐ ☐ b. Off-site medical arrangements are completely addressed
- ☐ ☐ c. Maps and approximate driving time to nearest hospital or emergency physician is included. For life/limb/sight you may go to Dewitt Army Community Hospital 9501 Farrell Road Fort Belvoir, VA 22060 (703) 805-0414 . For other care, closest hospital is Inova Mount Vernon Hospital 2501 Parker’s Lane, Alexandria, VA 22306 (703) 664-7000
- ☐ ☐ d. Includes the list of names and dates of first aid and CPR training for at least two (2) employees on-site. Fort Belvoir’s EMS is NOT within 5 minutes of your construction site.

10. Personal Protective Equipment (PPE)

- ☐ ☐ a & b. Who will be conducting hazard assessments? When will hazard assessments will be conducted?
- ☐ ☐ c. How are hazard assessments conducted?
- ☐ ☐ d. How will the contractor ensure users of personal protective and safety equipment (PPE) are trained to know: when and what PPE, is necessary; how properly to don, doff, adjust, and wear PPE; limitations of the PPE; and proper care, inspection, testing, maintenance, useful life, storage, and disposal of the PPE.
- ☐ ☐ e. Includes a procedure for when the employer has reason to believe that any affected employee who has been trained does not have the understanding and skill required of the training, the employer shall retrain the employee.
- ☐ ☐ f. Includes a written certification that identifies the name of each employee trained, the date(s) of the training, and the subjects taught.

11. PLANS (PROGRAM, PROCEDURES) REQUIRED BY THE SAFETY MANUAL (to be added by appendix to the plan as applicable to this project; see APPENDIX "A" of EM 385-1-1 for specific paragraph references) A= acceptable. U= Unacceptable. NR= Not Required on this job

A	U	NR	
			a. Layout Plans (04.A.01)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.) Includes temporary construction buildings.
<input type="checkbox"/>	<input type="checkbox"/>		2.) Includes facilities.
<input type="checkbox"/>	<input type="checkbox"/>		3.) Includes fencing.
<input type="checkbox"/>	<input type="checkbox"/>		4.) Includes access routes.
<input type="checkbox"/>	<input type="checkbox"/>		5.) Includes anchoring systems for temporary structure.
<input type="checkbox"/>	<input type="checkbox"/>		6.) Ensures temporary facility spacing meets the requirements of 09.A.19.
<input type="checkbox"/>	<input type="checkbox"/>		7.) Ensures temporary power distribution approval requirements of Section 11 are met.
<input type="checkbox"/>	<input type="checkbox"/>		8.) Ensures temporary ramp, trestle, scaffold, and platform approval requirements of Section 21 and Section 22 are met.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Emergency Response Plan (SPILLS) (01.E. & 06.A.02)
<input type="checkbox"/>	<input type="checkbox"/>		1.) Is in writing.
<input type="checkbox"/>	<input type="checkbox"/>		2.) Includes a method for reviewing with all affected employees.
<input type="checkbox"/>	<input type="checkbox"/>		3.) Includes a test procedure to ensure their effectiveness.
<input type="checkbox"/>	<input type="checkbox"/>		4.) Includes escape procedures and routes.
<input type="checkbox"/>	<input type="checkbox"/>		5.) Includes critical plant operations.
<input type="checkbox"/>	<input type="checkbox"/>		6.) Includes employee accounting following an emergency evacuation.
<input type="checkbox"/>	<input type="checkbox"/>		7.) Includes rescue and medical duties.
<input type="checkbox"/>	<input type="checkbox"/>		8.) Includes posting of emergency phone numbers and a means of reporting emergencies.
<input type="checkbox"/>	<input type="checkbox"/>		9.) Includes persons to be contacted for information or clarification.
<input type="checkbox"/>	<input type="checkbox"/>		10.) Is integrated with off-site emergency support.
<input type="checkbox"/>	<input type="checkbox"/>		11.) Includes a process of evaluation of operations, materials, and equipment involving potential exposure to hazardous substances, agents, or environments by a qualified industrial hygienist, or other competent person, to formulate a hazard control program.
<input type="checkbox"/>	<input type="checkbox"/>		12.) Includes a method to ensure that the hazard evaluation program is approved by the designated authority before the start of operations.
<input type="checkbox"/>	<input type="checkbox"/>		13.) Includes a method to ensure that emergency phone numbers are conspicuously placed for all employees to access.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. (1). Emergency Response Plan (FIRES) (01.E & Section 19)
<input type="checkbox"/>	<input type="checkbox"/>		1.) Is in writing.
<input type="checkbox"/>	<input type="checkbox"/>		2.) Includes a method for reviewing with all affected employees.
<input type="checkbox"/>	<input type="checkbox"/>		3.) Includes a test procedure to ensure their effectiveness.
<input type="checkbox"/>	<input type="checkbox"/>		4.) Includes escape procedures and routes.
<input type="checkbox"/>	<input type="checkbox"/>		5.) Includes critical plant operations.
<input type="checkbox"/>	<input type="checkbox"/>		6.) Includes employee accounting following an emergency evacuation.
<input type="checkbox"/>	<input type="checkbox"/>		7.) Includes rescue and medical duties.
<input type="checkbox"/>	<input type="checkbox"/>		8.) Includes posting of emergency phone numbers and a means of reporting emergencies.
<input type="checkbox"/>	<input type="checkbox"/>		9.) Includes persons to be contacted for information or clarification.
<input type="checkbox"/>	<input type="checkbox"/>		10.) Is integrated with off-site emergency support.

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| <input type="checkbox"/> | <input type="checkbox"/> | 11.) Includes a process of evaluation of operations, materials, and equipment involving potential exposure to hazardous substances, agents, or environments by a qualified industrial hygienist, or other competent person, to formulate a hazard control program. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12.) Includes a method to ensure that the hazard evaluation program is approved by the designated authority before the start of operations. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13.) Includes a method to ensure that emergency phone numbers are conspicuously placed for all employees to access. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> c. Written Hazard Communications Program (06.B.01) |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Hazardous or Toxic Agent Inventory. A list of the hazardous or toxic agents with the following information: |
| | | (1) Explanation of how the agents are to be used at the project. |
| | | (2) For emergency response purposes, approximate quantities (e.g., liters, kilograms, gallons, pounds) that will be on site at any given time shall be provided for each material. |
| | | (3) A site map will be attached to the inventory showing where inventoried substances are stored. |
| | | (4) The inventory and site map will be updated as frequently as necessary to ensure accuracy. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Hazardous or Toxic Agent Labeling. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Material Safety Data Sheet (MSDS) Management. Procedures to ensure MSDSs are maintained at project site for each agent. |
| | | (1) Employees shall review MSDSs for specific safety and health protection procedures. |
| | | (2) Applicable information contained in the MSDS shall be incorporated in the AHA/PHAs or MSDS can be attached to the AHA/PHA for activities in which material will be used. |
| | | (3) The information will be followed in the use, storage, and disposal of material and selection of hazard control and emergency response measures. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Employee Information and Training. Procedures to ensure employees are trained initially and periodically when use of hazardous or toxic agents is altered or modified to accommodate changing on-site work procedures. Training shall cover the following topics: |
| | | (1) Requirements and use of the hazcom program on the project; |
| | | (2) The location of all hazardous or toxic agents at the project; |
| | | (3) Identification and recognition of hazardous or toxic agents on the project; |
| | | (4) Physical and health hazards of the hazardous or toxic agents pertinent to project activities; |
| | | (5) Protective measures employees can implement when working with project-specific hazardous or toxic agents. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> d. Written Respiratory Protection Plan (05.G.03). The program shall be in accordance with the requirements contained in this section, the OSHA respirator standards, ANSI Z88.2, <i>NIOSH Respirator Decision Logic</i> (Department of Health and Human Services NIOSH Publication No. 87-108) and, for work around identified or suspected military chemical agent operations, AR 11-34. |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.) The program is site specific. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) Methods used to identify and evaluate workplace respiratory hazards; |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) Includes the selection of respiratory protective equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.) Includes the fit testing of respiratory protective equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.) Includes the proper use of respiratory protective equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.) Includes the maintenance of respiratory protective equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.) Includes procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.) Includes the training requirements for personnel required to use respiratory protective equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.) Includes a method to determine if employees are physically and medically qualified to wear respiratory protection devices. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.) Includes the project/facility specific voluntary use guidelines and a requirement for voluntary users to learn and understand the contents of 29 CFR 1910.134, Appendix D, Information for Employees Using Respirators When not Required Under the Standard. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> e. Health Hazard Control Program (06.A.02) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.) Includes a method to ensure all operations, materials, and equipment will be evaluated to determine the presence of hazardous environments or if hazardous or toxic agents could be released into the work |

<input type="checkbox"/>	<input type="checkbox"/>	environment.
<input type="checkbox"/>	<input type="checkbox"/>	2.) The activity and/or position hazard analysis is used for the evaluation. If so, the analyses shall identify all substances, agents, and environments that present a hazard and recommend hazard control measures.
<input type="checkbox"/>	<input type="checkbox"/>	3.) The analyses identifies that it serves as certification of hazard assessment.
<input type="checkbox"/>	<input type="checkbox"/>	4.) The analysis identifies the workplace and activity evaluated.
<input type="checkbox"/>	<input type="checkbox"/>	5.) The analysis identifies the name of the person certifying that the evaluation has been performed.
<input type="checkbox"/>	<input type="checkbox"/>	6.) The analysis identifies date of the evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	7.) The analyses identifies operations, materials, and equipment involving potential exposure to hazardous substances, agents, or environments and that they shall be evaluated by a qualified industrial hygienist, or other competent person, to formulate a hazard control program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> f. Lead Abatement Plan (06.B.05 & specifications)
<input type="checkbox"/>	<input type="checkbox"/>	Submit to COR who will in turn submit to District Safety and Occupational Health Manager for review.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> g. Asbestos Abatement Plan (06.B.05 & specifications)
<input type="checkbox"/>	<input type="checkbox"/>	Submit to COR who will in turn submit to District Safety and Occupational Health Manager for review.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> h. Radiation Safety Program (06.E.03a)
<input type="checkbox"/>	<input type="checkbox"/>	Submit to COR who will in turn submit to the District Safety and Occupational Health Manager for review.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> i. Abrasive Blasting Plan (06.H.01) Submit to COR who will in turn submit to District Safety and Occupational Health Manager for review
<input type="checkbox"/>	<input type="checkbox"/>	1.) Includes an employee-monitoring program.
<input type="checkbox"/>	<input type="checkbox"/>	2.) Includes an air-monitoring program.
<input type="checkbox"/>	<input type="checkbox"/>	3.) Includes a medical surveillance program.
<input type="checkbox"/>	<input type="checkbox"/>	4.) Includes training requirements.
<input type="checkbox"/>	<input type="checkbox"/>	5.) Includes use of personal protective devices.
<input type="checkbox"/>	<input type="checkbox"/>	6.) Includes use of personal protective clothing.
<input type="checkbox"/>	<input type="checkbox"/>	7.) Includes use of personal hygiene facilities and practices.
<input type="checkbox"/>	<input type="checkbox"/>	8.) Includes use of engineering controls.
<input type="checkbox"/>	<input type="checkbox"/>	9.) Includes itinerant work practices.
<input type="checkbox"/>	<input type="checkbox"/>	10.) Includes use of abrasive blasting requirements from 29 CFR 1910.94(a).
<input type="checkbox"/>	<input type="checkbox"/>	11.) Includes housekeeping program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> j. Crystalline Silica Monitoring Plan (Assessment) (06.M)
<input type="checkbox"/>	<input type="checkbox"/>	1.) Includes occupational standards and mandatory requirements.
<input type="checkbox"/>	<input type="checkbox"/>	2.) Includes monitoring for employees and air.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> k. Confined Space (34.A)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1.) At each facility or activity, the contractor has designated a competent person to evaluate the potential for permit-required confined spaces (PRCSs).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2.) Each facility or activity has developed a process to complete an evaluation to identify PRCSs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3.) The project is PRCS free. [If the answer is no, continue with rest of the questions; if it is yes, go to the next section (hazardous energy control plan).]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4.) The Program identifies where a list of confined spaces (permit-required and non-permit required) will be maintained on site and how it will be updated as new confined spaces are discovered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5.) Includes how confined spaces will be reevaluated whenever they or their characteristics change in a way that could lead to reclassification as a PRCS.

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of testing and monitoring equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of ventilating equipment needed to obtain acceptable entry conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of communications equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of PPE used where engineering controls and work practices do not adequately protect personnel. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of lighting equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of equipment, such as ladders, needed for safe ingress and egress by authorized entrants. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12.) The contractor, as part of its PRCS program, will explain how it will provide, maintain, and assure the proper use of rescue and emergency equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13.) Program to provide, maintain, and assure the proper use of any other equipment necessary for safe entry into and rescue from permit spaces. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14.) Includes a system for the preparation, issuance, use, and cancellation of PRCS entry permits (ENG Form 5044-R). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15.) The program includes plans and procedures for summoning rescue and emergency services, for rescuing entrants from PRCSs, and for preventing unauthorized personnel from attempting a rescue. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16.) The program includes employee training requirements, instructor certification, date of training and personnel receiving the training. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17.) Includes practice training where each member of the rescue team/emergency makes practice PRCS rescues at least once every 12 months. That simulate the configurations and hazards of the PRCS from which rescue is to be performed. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18.) Includes all aspects of off-site rescue and emergency services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Hazardous Energy Control Plan (lockout/tagout) (12.A.12) |
| <input type="checkbox"/> | <input type="checkbox"/> | | (1) Includes a statement of the intended use of the procedure. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (2) Includes a means of coordinating and communicating hazardous energy control activities |
| <input type="checkbox"/> | <input type="checkbox"/> | | (3) Includes procedural steps and responsibilities for shutting down, isolating, blocking, and securing systems to control hazardous energy. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (4) Includes procedural steps and responsibilities for the placement, removal, and transfer of lockout and tagout devices. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (5) Includes procedural steps and responsibilities for placing and tagging, and moving or removing and untagging, protective grounds. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (6) Includes requirements for testing the system to verify the effectiveness of isolation and lockout and tagout devices. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (7) Includes a description of any emergencies which may occur during system lockout or tagout and procedures for safely responding to those emergencies. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (8) Includes requirements when authority for removal of hazardous energy control devices must be transferred from the authorized employee to another individual, and the names of the individuals qualified for receiving such transfer. |
| <input type="checkbox"/> | <input type="checkbox"/> | | (9) Includes means of enforcement of compliance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m. Critical Lift Procedures (16.H) |
| <input type="checkbox"/> | <input type="checkbox"/> | | 1.) Critical lift procedure requires the plan to be prepared and documented before the lift by the crane operator, lift supervisor, and rigger. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 2.) The critical lift procedure requires copy be provided to the designated authority. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 3.) The critical lift procedure requires that the plan shall be reviewed and signed by all personnel involved with the lift. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 4.) The critical lift procedure requires the plan to specify the exact size and weight of the load to be lifted and all crane and rigging components which add to the weight. The manufacturer's maximum load limits for the entire range of the lift, as listed in the load charts, shall also be specified. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 5.) The critical lift procedure requires the plan to specify the lift geometry and procedures, including the crane position, height of the lift, the load radius, and the boom length and angle, for the entire range of the lift. |

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| <input type="checkbox"/> | <input type="checkbox"/> | 6.) The critical lift procedure requires the plan to designate the crane operator, lift supervisor and rigger and state their qualifications. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.) The critical lift procedure requires the plan to include a rigging plan which shows the lift points and describes rigging procedures and hardware requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.) The critical lift procedure requires the plan to describe the ground conditions, outrigger or crawler track requirements, and, if necessary, the design of mats, necessary to achieve a level, stable foundation of sufficient bearing capacity for the lift. For floating cranes or derricks, the plan describes the operating base (platform) condition and any potential list. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.) The critical lift procedure requires the plan to list environmental conditions under which lift operations are to be stopped. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.) The critical lift procedure requires the plan to specify coordination and communication requirements for the lift operation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11.) The critical lift procedure requires, for tandem or tailing crane lifts, the plan to specify the make and model of the cranes, the line, boom, and swing speeds, and requirements for an equalizer beam. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> p. Access and Haul Road Plan (04.B.01) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.) The plan includes equipment usage, traffic density, and hours of operation. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) The plan includes road layout and widths, horizontal and vertical curve data, and sight distances. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.) The plan includes sign and signalperson requirements, road markings, and traffic control devices. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.) The plan includes drainage controls. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.) The plan includes points of contact between vehicles and the public, and safety controls at these points of contact. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.) The plan includes maintenance requirements, including roadway hardness and smoothness and dust control. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> q. Demolition Plan (Engineering and Asbestos Surveys) (23.A.01)
Submit to Installation Safety Office Manager for review. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> r. Emergency Rescue (tunneling) (26.A)
Submit to Installation Safety Office Manager for review. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> s. Underground Construction Fire Prevention and Protection Plan (26.D.01) |
| <input type="checkbox"/> | <input type="checkbox"/> | (1) The plan defines specific work practices to be implemented for preventing fires. |
| <input type="checkbox"/> | <input type="checkbox"/> | (2) The plan includes response measures to be taken in case of fire to control and extinguish the fire. |
| <input type="checkbox"/> | <input type="checkbox"/> | (3) The plan includes required equipment for fire prevention and protection. |
| <input type="checkbox"/> | <input type="checkbox"/> | (4) The plan includes the personnel requirements and responsibilities for fire prevention and protection. |
| <input type="checkbox"/> | <input type="checkbox"/> | (5) The plan includes the requirements for daily and weekly fire prevention and protection inspections. |
| <input type="checkbox"/> | <input type="checkbox"/> | (6) The plan includes how it will be incorporated in either the accident prevention plan or the activity hazard analysis and posted at the job site. |
| <input type="checkbox"/> | <input type="checkbox"/> | (7) The plan includes how it will be reviewed with all affected personnel as often as is necessary for them to maintain a working knowledge of emergency responsibilities and procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> u. Formwork and Shoring Erection and Removal Plans (27.C.02)
Submit to Installation Safety Office Manager for review. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> v. Lift Slab Plans (27.E.01) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.) Lift-slab operations are planned and designed by a registered engineer or architect. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) Plans and designs include detailed instructions and sketches indicating the prescribed method of erection. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.) Includes a requirement to submit the plans and designs to Installation Safety Office Manager for review. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> w. SHP and SSHP (28.B)
Submit to COR who will in turn submit to Installation Safety Office Manager for review. Will be reviewed by the EESS Section of HTRW |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> x. Blasting Plan (29.A.01) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.) The plan includes a method to obtain permission in writing from the Government's designated |

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | authority before explosive materials are brought on the job site (periodic replenishment of approved supplies does not require written approval). |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) The plan includes a list the names, qualifications, and responsibilities of personnel involved with explosives. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.) The plan delineates the contractor's requirements for handling, transportation, and storage of explosives. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.) The plan includes loading procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.) The plan includes safety signals. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6.) The plan includes danger area clearance. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7.) The plan includes methods for securing the site. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8.) The plan includes vibration and damage control. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9.) The plan includes post-blast inspection and misfire procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.) The plan includes post-blast ventilation requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> z. Plan for Prevention of Alcohol and Drug Abuse (Defense Federal Acquisition Regulation (DFAR) Supplement Subpart 252.223-7004, Drug-Free Work Force)(01.C.02) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1.) The program includes the following, or appropriate alternatives, employee assistance programs emphasizing high level direction, education, counseling, rehabilitation, and coordination with available community resources. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) The program includes the following, or appropriate alternatives, supervisory training to assist in identifying and addressing illegal drug use by Contractor employees. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.) The program includes the following, or appropriate alternatives, provision for self-referrals as well as supervisory referrals to treatment with maximum respect for individual confidentiality consistent with safety and security issues. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4.) The program includes the following, or appropriate alternatives, provision for identifying illegal drug users, including testing on a controlled and carefully monitored basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5.) The program includes the following, or appropriate alternatives, appropriate personnel procedures to deal with employees who are found to be using drugs illegally. (Provisions of this clause pertaining to drug testing programs does not apply to the extent they are inconsistent with state or local law, or with an existing collective bargaining agreement; provided that with respect to the latter, the Contractor agrees that those issues that are in conflict will be a subject of negotiation at the next collective bargaining session.). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> aa. Excavation and Trenching (25.A.01) |
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Includes project conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Includes name and qualification of competent person |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Includes diagram or sketch of work area |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Includes the projected depth of excavation |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Includes soil type and method of testing to determine type of soil |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Includes the planned method of shoring, sloping and/or benching |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) Includes planned method for confined space entry, trench access/egress and atmospheric monitoring processes |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) Includes if required, the location of utility shut-offs |
| <input type="checkbox"/> | <input type="checkbox"/> | 9) Includes methods for preventing damage to existing features |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Includes the plan for management of excavated soil/asphalt/concrete |
| <input type="checkbox"/> | <input type="checkbox"/> | 11) Includes plans for traffic control |
| <input type="checkbox"/> | <input type="checkbox"/> | 12) Includes digging permits |
| <input type="checkbox"/> | <input type="checkbox"/> | 13) Includes certification for UXO clearance |
| <input type="checkbox"/> | <input type="checkbox"/> | 14) Includes plans for cofferdams (controlled flooding; fall protection; access/egress; and evacuation procedures) |

- ☐ ☐ ☐ **bb. Site Specific Fall Protection & Prevention Plan** (Section 21.C)
- ☐ ☐ ☐ **cc. Steel Erection Plan** (27.F.01)
- ☐ ☐ ☐ **dd. Night Operations Lighting Plan** (7.A.08)
- ☐ ☐ ☐ **ee. Site Sanitation Plan** (Section 2)
- ☐ ☐ ☐ **ff. Fire Prevention and Protection Plan** (09.A.01)
- ☐ ☐ ☐ **hh. Pre-Cast Concrete Plan** (27.D)
- ☐ ☐ ☐ **ii. Heat/Cold Stress Monitoring Plan** ((06.I.02)

12. RISK MANAGEMENT PROCESSES. Detailed project-specific hazards and controls shall be provided by an Activity Hazard Analysis (01.A.13) for each major phase/activity of work.

13. ABBREVIATED APP for LIMITED-SCOPE SERVICE, SUPPLY AND R&D CONTRACTS. If service, supply and R&D contracts with limited scopes are awarded, the contractor may submit an abbreviated Accident Prevention Plan. This APP shall address the following areas **at a minimum**. If other areas of the EM 385-1-1 are pertinent to the contract, the contractor must assure these areas are addressed as well.

- a. Title, signature, and phone number of the plan preparer.
- b. Background Information to include: Contractor; Contract number; Project name; Brief project description, description of work to be performed, and location (map); The project description shall provide a means to evaluate the work being done (see AHA requirements in 01.A.13) and associated hazards involved. Contractor's APP shall address the identified hazards involved and the control measures to be taken.
- c. Statement of Safety and Health Policy detailing their commitment to providing a safe and healthful workplace for all employees.
- d. Responsibilities and Lines of Authorities – to include a statement of the employer's ultimate responsibility for the implementation of his SOH program; Identification and accountability of personnel responsible for safety at all levels to include designated site safety and health officer (SSHO) and associated qualifications. The District SOHO will review the qualifications for acceptance.
- e. Training - new hire SOH orientation training at the time of initial hire of each new employee and any periodic retraining/recertification requirements.
- f. Procedures for job site inspections - assignment of responsibilities and frequency.
- g. Procedures for reporting man-hours worked and reporting and investigating any accidents as soon as possible but not more than 24 hours afterwards to the Contracting Officer/Representative (CO/COR). An accident that results in a fatal injury, permanent partial or permanent total disability shall be immediately reported to the Contracting Officer.
- h. Emergency Planning. Employees working alone shall be provided an effective means of emergency communication. This may be cellular phone, two-way radio or other acceptable means. The selected means of communication must be readily available and must be in working condition.
- i. Drinking Water provisions, toilet and washing facilities.
- j. First Aid and CPR training (at least two employees on each shift shall be qualified/certified to administer first aid and CPR) and provision of first aid kit (types/size).
- k. Personal Protective Equipment.
 - (1) **WORK CLOTHING** - Minimum Requirements. Employees shall wear clothing suitable for the weather however minimum requirements for work shall be short-sleeve shirt, long pants work shoes. If analysis determines that safety-toed (or other protective) footwear is necessary (i.e., mowing, weedeating, chain saw use, etc), they shall be worn.
 - (2) **Eye and Face Protection.** Eye and face protection shall be worn as determined by an analysis of the operations being performed **HOWEVER**, all involved in chain saw use, chipping, stump grinding, pruning operations, grass mowing, weedeating and blowing operations shall be provided safety eyewear (Z87.1) as a minimum.
 - (3) **Hearing Protection.** Hearing protection must be worn by all those exposed to high noise activities (to include grass mowing and trimming, chainsaw operations, tree chipping, stump grinding and pruning).
 - (4) **Head Protection.** Hard hats shall comply with ANSI Z89.1 and shall be worn by all workers when a head hazard exists. At a minimum, hard hats shall be worn when performing activities identified in (2) above.
 - (5) **High Visibility Apparel** shall comply with ANSI/ISEA 107, Class 2 requirements at a minimum and shall be worn by all workers exposed to vehicular or equipment traffic.
 - (6) **Protective Leg chaps** shall be worn by all chainsaw operators.
 - (7) **Gloves** of the proper type shall be worn by persons involved in activities that expose the hands to cuts, abrasions, punctures, burns and chemical irritants.
 - (8) If work is being performed around water and drowning is a hazard, PFDs must be provided and worn as appropriate.
- l. Machine Guards and safety devices. Lawn maintenance equipment must have appropriate guards and safety devices in place and operational.
- m. Hazardous Substances. When any hazardous substances are procured, used, stored or disposed, a hazard communication program must be in effect and MSDSs shall be available at the worksite. Employees shall have received training in hazardous substances being used. When the eyes or body of any person may be exposed to corrosives, irritants or toxic chemicals, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within 10 seconds of the worksite.
- n. Traffic control shall be accomplished in accordance with DOT's MUTCD.
- o. Control of Hazardous Energy (Lockout/Tagout). Before an employee performs any servicing or maintenance on any equipment where the unexpected energizing or startup of the equipment could occur, procedures must be in place to ensure adequate control of this energy.
- p. Driving, working on (i.e., working with equipment/mowers) while on slopes, working from/in boats/skiffs, etc shall also be considered and dealt with accordingly.

